

Town of Needham Application for Employment

Application for:

(position title and job number)

Are you available to work:	full time	part time	other
Referral source: advertisen	nent job posting _	relative	_friendother
Personal Information:			
Name: Last	First		Middle
Address: No. & Street	Town	State	Zip Code
Social Security No	Telepl	hone No.	
If hired, can you provide proof of Are you under 18 years of age?			
Do you have a valid Massachuset	tts driver's license?	Yes	No
Have you ever been employed w If yes, when?			
Education			
Name/Location Course of Study # Y	Years Completed Did y	you Graduate (Y/N)?	Degree/Date
High School			
College			
Graduate School			
Business/ Technical/ Other			

	plication for employment:	gob-related skills that you have that will help us evalu				
mployi	ment History (please list most cur	rent position first)				
1. H	Employer's name:					
J	ob Title:	to:to:				
I	mmediate Supervisor's name, job	title, and telephone number:				
-						
- T	Dagarib a mark way marfama di	Starting Ending				
	Describe work you performed:					
N	May we contact this employer?					
2. I	Employer's name:					
J	ob Title:	to:to:				
I	Immediate Supervisor's name, job title, and telephone number:					
-						
-		Starting Ending				
	Describe work you performed:					
-						
May	we contact this employer?					
3. I	Employer's name:					

The Town of Needham is an Equal Opportunity/Affirmative Action Employer

e work you perform			Starting	Ending
e work you perform	med:			
tact this employer?				
er's name:				
e:		Worked from	: to:	
ate Supervisor's na	me, job title, an	d telephone nu	mber:	
		Pay: .	;	
			Starting	Ending
e work you perforr	med:			
contact this emplo	yer?			
ý				
an of the U.S. Arm	ed Forces?	Yes		No
ge:		_ Discharge stat	us:	
status:				
e: from	to			
nce:				
	e:e contact this emplo contact this emplo an of the U.S. Arm ge: status: e: from	e:	rer's name: Worked from iate Supervisor's name, job title, and telephone number work you performed: recontact this employer? Yes rege: Discharge state of status: to	Starting be work you performed: contact this employer? y ran of the U.S. Armed Forces? Discharge status: cy status: c: from to

Agreement

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all appointments are probationary and that I must demonstrate my fitness for continued employment during the probationary period. I also understand that I must be available from time to time for work outside normal business hours as the needs of the department require. Further, I agree to take a physical examination, given by an appointed Town physician, that may include testing for drugs/alcohol or a psychological examination, as required, and recognize that any offer of employment may be contingent upon the results of such an examination. I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of any pertinent information regarding my education, past employment history and background.

Date:	
Signature:	
•	lminister a lie detector test as a condition of employment no violates this law shall be subject to criminal penalties
Applicant Do N	ot Write Below This Line
Interview Date:	Interviewer:
Remarks:	
Action Taken:	

Voluntary Self-Identification Form

The Town of Needham, as part of its commitment to Equal Employment Opportunity, and to its Affirmative Action program, invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, gender preference, medical condition or handicap. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Equal Employment Opportunity and Affirmative Action programs. Your cooperation is appreciated.

Name:			
Please	check one of the following:	male	female
Please	indicate which of the following desc	ribes your ethnicity:	
	White - All persons having origins Middle East	s in any of the origina	al peoples of Europe, North Africa, or the
	<u>Black</u> - All persons having origins	in any of the Black r	racial groups of Africa
	Hispanic - All persons of Mexicar Spanish culture or origin, regardle		an, Central of South American or other
		tinent, or the Pacific	n any of the original peoples of the Far East, Islands. This area includes, for example, a
	— <u>'</u>	_	ng origins in any of the original peoples of ugh tribal affiliations or community
	<u>Cape Verdean</u> - All persons havin	ng origins in the Cape	e Verde Islands
Please	indicate below if you are:		
	<u>Disabled</u> - Please state the nature type of accommodation in the job		d whether or not you might require some oplying.
		en August 5, 1964 an	duty for more than 90 days any part of which d May 7, 1975, one (1) day during "wartime ions.
	A Disabled Viet Nam Era Veteran	<u>1</u>	